PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/699.629 FEE TRANSMITTAL Filing Date October 30, 2003 For FY 2008 Matthew J. Burdick First Named Inventor **Examiner Name** Michael J. Brown Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2116 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 305540.01 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-4143 Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 310 155 510 210 105 255 Design 210 105 100 130 50 65 210 Plant 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims Extra Claims** Fee (\$) **Multiple Dependent Claims** - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 0.00 0.00 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = __0___ HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):			Fees Paid (\$)
SUBMITTED BY	1		
Signature	/William J. Breen, III/	Registration No. 45,313	Telephone 509-755-7262

(Attorney/Agent)

Number of each additional 50 or fraction thereof

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William J. Breen, III

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